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CONFIRMATION NO. 1510

<b>SERIAL NUMBER</b> 10/662,765	<b>FILING OR 371(c) DATE</b> 09/15/2003 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> ARC012010000	
<b>APPLICANTS</b> David H. Kil, Prospect, KY; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/410,433 09/13/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/05/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> KY	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 34690					
<b>TITLE</b> Interactive and automated tissue image analysis with global training database and variable-abstraction processing in cytological specimen classification and laser capture microdissection applications					
<b>FILING FEE RECEIVED</b> 521	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		